

WVSP FORM 78
DMV 314

WEST VIRGINIA D.U.I. INFORMATION SHEET

CITATION ISSUED ☐ YES ☐ NO
CITATION NUMBER _____

AGENCY: _____ ARREST NUMBER: _____
 CRASH/STOP LOCATION: _____ COUNTY: _____
 CRASH: ☐ YES ☐ NO CRASH NUMBER: _____ DATE OF CRASH: _____ TIME OF CRASH: _____ HOURS
☐ DISABLED VEHICLE ☐ BOLO NOTICE
 DATE OF INITIAL CONTACT: _____ TIME OF INITIAL CONTACT: _____ HOURS DATE OF ARREST: _____
 TIME OF ARREST: _____ HOURS SOBRIETY CHECKPOINT: ☐ YES ☐ NO
 THE BELOW NAMED DRIVER AND/OR VEHICLE OWNER VIOLATED 17C-5-2, 17C-5-7, 17C-5A-2 OR 17E-1-1 ET SEQ. BY DRIVING UNDER
 THE INFLUENCE OF: ☐ ALCOHOL ☐ CONTROLLED SUBSTANCES/DRUGS ☐ COMBINED
 (CHECK ALL BOXES BELOW THAT APPLY)
 IN ADDITION, THE DRIVER: ☐ REFUSED THE SECONDARY TEST ☐ CAUSED DEATH (FELONY) ☐ CAUSED DEATH (MISDEMEANOR)
☐ CAUSED INJURY TO ANOTHER (NOT THE DRIVER) ☐ HAD A PASSENGER UNDER THE AGE OF SIXTEEN (16)
☐ BAC OF _____ ☐ BLOOD TEST REQUESTED

DRIVER INFORMATION

NAME _____
LAST FIRST MIDDLE

ADDRESS CITY STATE ZIP
 SEX: ☐ MALE ☐ FEMALE AGE: _____ DATE OF BIRTH: ____/____/____ SSN#: ____-____-____
 COLOR OF EYES: _____ HAIR: _____ HEIGHT: _____ WEIGHT: _____
 RACE: ☐ WHITE ☐ BLACK ☐ ORIENTAL ☐ HISPANIC ☐ INDIAN ☐ OTHER _____
 DRIVER'S LICENSE NUMBER: _____ ☐ CDL STATE: _____ STATUS: _____
 PHONE NUMBER: _____ ☐ CELL ☐ WORK ☐ HOME

VEHICLE INFORMATION

OWNER'S NAME: _____ ☐ SAME AS DRIVER

ADDRESS CITY STATE ZIP
☐ COMMERCIAL VEHICLE GVW: _____ ☐ HAZARDOUS MATERIALS
 YEAR: _____ MAKE: _____ MODEL: _____ STYLE: _____ COLOR: _____
 PLATE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____
 VIN: _____ VEHICLE TOWED: ☐ YES ☐ NO WHERE: _____
 ADDRESS: _____ PHONE NUMBER: _____

ONLY COMPLETE THIS SECTION WHEN CHARGING OWNER WITH PERMITTING DUI

☐ OWNER KNOWINGLY PERMITTED DRIVER TO DRIVE UNDER THE INFLUENCE
 OWNER'S DRIVER LICENSE NUMBER _____ STATE _____ Owner's Date of Birth ____/____/____

VEHICLE IN MOTION

☐ TURNING WITH WIDE RADIUS ☐ STRADDLING CENTER LINE ☐ WEAVING ☐ TURNING ABRUPTLY ☐ TURNING ILLEGALLY
☐ DRIVING ON OTHER THAN DESIGNATED HIGHWAY ☐ ALMOST STRIKING OBJECT OR VEHICLE ☐ FOLLOWING TOO CLOSELY
☐ DRIVING IN OPPOSING TRAFFIC ☐ TIRES ON CENTER MARKER ☐ TIRES ON LINE MARKER ☐ SWERVING ☐ HEADLIGHTS OFF
☐ BRAKING ERRATICALLY ☐ ACCELERATING/DECELERATING RAPIDLY ☐ STOPPING IN WRONG PLACE ☐ SLOW RESPONSE TO
 TRAFFIC SIGNALS ☐ SLOW SPEED ☐ EXCESSIVE SPEED ☐ SIGNALING INCONSISTENT WITH DRIVING ACTIONS
☐ STOPPING WITHOUT CAUSE IN TRAFFIC LANE ☐ FLEEING/EVASION
☐ OTHER: _____

PERSONAL CONTACT

ODOR OF ALCOHOLIC BEVERAGE ON SUBJECT'S BREATH: ☐ YES ☐ NO

EXITING VEHICLE: ☐ NORMAL ☐ UNSTEADY ☐ STAGGERS ☐ NEEDS HELP ☐ FALLS DOWN

WALKING TO ROADSIDE: ☐ NORMAL ☐ UNSTEADY ☐ STAGGERS ☐ NEEDS HELP ☐ FALLS DOWN

STANDING: ☐ NORMAL ☐ UNSTEADY ☐ STAGGERS ☐ NEEDS HELP ☐ FALLS DOWN

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

EYES: _____

OTHER: _____

ADMISSIONS OR STATEMENTS: _____

ALCOHOLIC BEVERAGE CONTAINERS OR DRUG EVIDENCE NOTED: ☐ IN AUTO ☐ ON PERSON

EXPLAIN: _____

PRE-ARREST SCREENING**HORIZONTAL GAZE NYSTAGMUS**

☐ EXPLAINED ☐ REFUSED

I am going to check your eyes (Please remove your glasses). Put your feet together, hands at your side. Keep your head still and look at and follow the stimulus with your eyes only. Do not move your head and keep looking at the stimulus with your eyes until I tell you to stop.

Do you understand the instructions?

MEDICAL ASSESSMENT

EQUAL PUPILS ☐ YES ☐ NO

RESTING NYSTAGMUS ☐ YES ☐ NO

EQUAL TRACKING ☐ YES ☐ NO

Always start with left eye

	LEFT	RIGHT
LACK OF SMOOTH PURSUIT		
DISTINCT & SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION		
ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES		

VERTICAL NYSTAGMUS ☐ YES ☐ NO

TOTAL SCORE (DECISION POINT: 4) _____

(If subject unable to perform test, record only the observable clues)

CANNOT PERFORM TEST (EXPLAIN): _____

WALK AND TURN

☐ EXPLAINED ☐ DEMONSTRATED ☐ REFUSED

Place your left foot on the line (real or imaginary). Place your right foot on the line in front of your left foot, with the heel of the right foot against the toe of the left foot. Place your arms down at your sides. Keep this position until I tell you to begin. Don't walk until I tell you to do so. DO YOU UNDERSTAND?

When instructed, take nine heel-to-toe steps, turn and take nine heel-to-toe steps back. When you turn, keep your front foot on the line and turn by taking a series of small steps with the other foot. While you are walking, keep your arms at your sides, watch your feet at all times, and count your steps out loud. Once you start walking, don't stop until you have completed the test. DO YOU UNDERSTAND?

Begin and count your first step from heel-to-toe as 'One

INSTRUCTIONS STAGE

☐ CANNOT KEEP BALANCE

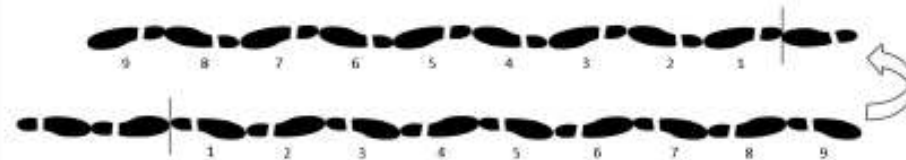
☐ STARTS TOO SOON

WALKING STAGE

☐ STOPS WHILE WALKING ☐ MISSES HEEL-TO-TOE

☐ STEPS OFF LINE ☐ RAISES ARMS TO BALANCE

☐ IMPROPER TURN ☐ INCORRECT # OF STEPS



IMPROPER TURN (DESCRIBE): _____

TOTAL SCORE (DECISION POINT: 2) _____

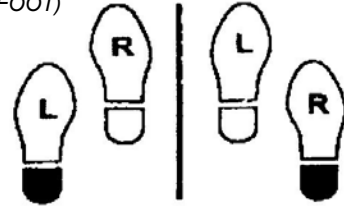
(If subject unable to perform test, record only the observable clues)

CANNOT PERFORM TEST (EXPLAIN): _____

ONE LEG STAND☐ EXPLAINED ☐ DEMONSTRATED ☐ REFUSED

Stand with your feet together, hands to your sides. Do not start until told to do so. When instructed, raise either foot approximately 6 inches off the ground with your toe pointed out, foot parallel to the ground, and count in the following manner: 1001, 1002, 1003 until told to stop. While performing this test, keep your hands to your sides, keep your legs straight, and watch your feet. DO YOU UNDERSTAND? (Time test for 30 seconds)
(CIRCLE THE PLANTED FOOT)

<input type="checkbox"/>	SWAYS WHILE BALANCING
<input type="checkbox"/>	USES ARMS TO BALANCE
<input type="checkbox"/>	HOPPING
<input type="checkbox"/>	PUTS FOOT DOWN



OTHER _____

TYPE OF FOOTWEAR: _____

TOTAL SCORE (DECISION POINT: 2) _____

WEATHER _____

LIGHTING: _____

(If subject unable to perform test, record only the observable clues)

SURFACE: _____

CANNOT PERFORM TEST (EXPLAIN): _____

PRELIMINARY BREATH TEST☐ TRAINED ☐ CERTIFIED ☐ REFUSED☐ NO SMOKING OR ALCOHOL CONSUMPTION AT LEAST FIFTEEN (15) MINUTES PRIOR TO TEST

INSTRUMENT: _____ SERIAL #: _____ TIME: _____ RESULTS: _____

INDIVIDUAL DISPOSABLE MOUTHPIECE ☐ YES ☐ NO☐ PASS ☐ FAIL**PASSENGERS IN VEHICLE**☐ CHILD ENDANGERMENT1) _____
NAME ADDRESS AGE (REQUIRED IF PASSENGER IS UNDER 16 YEARS)CONDITION: _____ WHERE SEATED: _____ PHONE NUMBER: _____ ☐ CELL ☐ WORK ☐ HOME2) _____
NAME ADDRESS AGE (REQUIRED IF PASSENGER IS UNDER 16 YEARS)CONDITION: _____ WHERE SEATED: _____ PHONE NUMBER: _____ ☐ CELL ☐ WORK ☐ HOME**WITNESS/OTHER OFFICERS**1) _____
NAME ADDRESS AGEOBSERVED SUBJECT DRIVING: ☐ YES ☐ NO ☐ DO NOT KNOW PHONE NUMBER: _____ ☐ CELL ☐ WORK ☐ HOME

OBSERVATION OF SUBJECT'S CONDITION? _____

WHERE WAS SUBJECT OBSERVED: _____

2) _____
NAME ADDRESS AGEOBSERVED SUBJECT DRIVING: ☐ YES ☐ NO ☐ DO NOT KNOW PHONE NUMBER: _____ ☐ CELL ☐ WORK ☐ HOME

OBSERVATION OF SUBJECT'S CONDITION? _____

WHERE WAS SUBJECT OBSERVED: _____

BREATH TEST OPERATIONAL CHECK LIST

☐ NO TEST GIVEN ☐ IMPLIED CONSENT READ AND COPY PROVIDED TO SUBJECT ☐ REFUSED AFTER 15 MINUTES
 NAME OF SUBJECT: _____ DATE: _____
 TIME OF TEST: _____ BLOOD ALCOHOL: 0. _____ % SERIAL NUMBER: _____
 OPERATOR: _____ WITNESS: _____

☐ 1. CHECKED SUBJECT AND THEN OBSERVED FOR TWENTY (20) MINUTES PRIOR TO COLLECTION OF BREATH SPECIMEN TO ENSURE THE SUBJECT HAS NOT INGESTED FOOD, DRINK NOR HAS OTHER FOREIGN MATTER IN HIS/HER MOUTH.
☐ 2. PRINTER ONLINE AND NO ERRORS INDICATED IN DISPLAY.
☐ 3. INSTRUMENT ON – DISPLAY READS “PRESS ENTER TO START”.
☐ 4. ENTER DATA AS PROMPTED.
☐ 5. INSTRUMENT DISPLAYS “PLEASE BLOW/R” PLACE AN INDIVIDUAL DISPOSABLE MOUTHPIECE INTO BREATH TUBE.
☐ 6. HAVE SUBJECT BLOW INTO MOUTHPIECE.
☐ 7. A GAS REFERENCE STANDARD RUN ON THE INTOX EC/IR II AND THE RESULTS INDICATE THE INSTRUMENT IS WORKING PROPERLY
☐ 8. THE RESULTS OF THE REFERENCE STANDARD WERE 0. _____ % and 0. _____ %
☐ 9. “TEST COMPLETE”, WAIT FOR PRINTOUT.
☐ 10. RECEIVED MY TRAINING AT _____
☐ 11. I BECAME CERTIFIED BY THE WEST VIRGINIA BUREAU FOR PUBLIC HEALTH ON _____ / _____ / _____

DATE

BLOOD TEST

BLOOD TEST: ☐ YES ☐ NO TIME REQUESTED: _____
 WAS REQUEST FOR A BLOOD SAMPLE DIRECTED BY THE ARRESTING OFFICER? ☐ YES ☐ NO REFUSED? ☐ YES ☐ NO
 WAS A SEARCH WARRANT OBTAINED? ☐ YES ☐ NO DID SUSPECT REQUEST BLOOD SAMPLE? ☐ YES ☐ NO
 WAS BLOOD SAMPLE TAKEN FOR MEDICAL TREATMENT (ex. crash)? ☐ YES ☐ NO
 REGARDLESS OF HOW THE BLOOD SAMPLE WAS TAKEN, PLEASE LIST:
 HOSPITAL NAME: _____ TIME OF DRAW: _____ AM PM
 DRAWN BY: _____ TITLE: _____
 PHONE NUMBER: _____ CDDP BLOOD KIT USED? ☐ YES ☐ NO
 ANALYSIS BY: ☐ WV STATE POLICE LABORATORY ☐ OTHER _____

MIRANDA WARNING

1. YOU HAVE THE RIGHT TO REMAIN SILENT AND REFUSE TO ANSWER QUESTIONS.
2. ANYTHING YOU DO SAY MAY BE USED AGAINST YOU IN A COURT OF LAW.
3. YOU HAVE THE RIGHT TO CONSULT AN ATTORNEY BEFORE SPEAKING TO THE POLICE AND TO HAVE AN ATTORNEY PRESENT DURING ANY QUESTIONING NOW OR IN THE FUTURE.
4. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE PROVIDED FOR YOU WITHOUT COST.
5. IF YOU DO NOT HAVE AN ATTORNEY AVAILABLE, YOU HAVE THE RIGHT TO REMAIN SILENT UNTIL YOU HAVE HAD AN OPPORTUNITY TO CONSULT WITH ONE.
6. NOW THAT YOU HAVE BEEN ADVISED OF YOUR RIGHTS, ARE YOU WILLING TO ANSWER QUESTIONS WITHOUT AN ATTORNEY PRESENT?

OFFICER: _____ DATE: _____ TIME READ: _____
 SUSPECT'S SIGNATURE: _____

INTERVIEW	
WERE YOU OPERATING A VEHICLE? _____	WHERE WERE YOU GOING? _____
WHAT STREET/HIGHWAY WERE YOU ON? _____	DIRECTION OF TRAVEL? _____
WHERE DID YOU START FROM? _____	WHAT TIME DID YOU START? _____
WHAT TIME IS IT NOW? _____	CITY (COUNTY) YOU ARE IN NOW? _____
WHAT IS THE DATE? _____	WHAT DAY OF THE WEEK IS IT? _____
INTERVIEWER FILL IN ACTUAL TIME _____ HOURS	DAY _____ DATE _____
WHEN DID YOU LAST EAT? _____	WHAT DID YOU EAT? _____
WHAT WERE YOU DOING DURING THE LAST THREE HOURS? _____ _____	
HAVE YOU BEEN DRINKING? _____ WHAT? _____ HOW MUCH? _____	
ARE YOU UNDER THE INFLUENCE OF ALCOHOL, CONTROLLED SUBSTANCES OR DRUGS? _____	
IF SO, WHAT? _____	
DO YOU HAVE ANY PHYSICAL DEFECTS? _____ WHAT? _____	
ARE YOU ILL? _____ WHAT'S WRONG? _____	
DO YOU LIMP? _____ HAVE YOU BEEN INJURED LATELY? _____ WHAT'S WRONG _____	
WERE YOU INVOLVED IN A CRASH TODAY? _____ DID YOU INJURE YOUR HEAD? _____	
HAVE YOU HAD ANY ALCOHOLIC BEVERAGE SINCE THE CRASH? _____ IF SO WHAT? _____	
WHERE? _____ HOW MUCH? _____ WHEN? _____	
ARE YOU TAKING MEDICATION? _____ WHAT KIND? _____ LAST DOSE? _____	
DO YOU HAVE EPILEPSY? _____ DO YOU HAVE DIABETES? _____ INSULIN USE? _____ LAST DOSE? _____ HOURS	
HAVE YOU TAKEN OR INJECTED ANY OTHER DRUGS RECENTLY? _____ WHEN? _____ HOURS	
WHAT KIND OF DRUG(S)? _____	
WHEN DID YOU LAST SLEEP? _____ HOW MUCH SLEEP DID YOU HAVE? _____	
ADDITIONAL REMARKS OR STATEMENTS: (ATTACH ADDITIONAL SHEETS AS NECESSARY) _____ _____ _____ _____	
SUSPECT'S SIGNATURE: _____ DATE: _____ TIME: _____	

(ATTACH NARRATIVE IF NECESSARY)

I SUBMIT THIS REPORT PURSUANT TO W. VA. CODE ' 17C-5A-1, ' 17C-5-7, AND/OR ' 17E-1-15.

_____ ARRESTING OFFICER'S SIGNATURE REQUIRED	_____ PRINTED NAME
_____ AGENCY	_____ ADDRESS
	_____ ADDRESS

***THE SIGNING OF THIS STATEMENT CONSTITUTES AN OATH OR AFFIRMATION THAT THE STATEMENTS ARE TRUE AND THAT ANY COPY FILED IS A TRUE COPY.

***BE ADVISED THAT TO WILLFULLY SIGN A STATEMENT CONTAINING FALSE INFORMATION CONCERNING ANY MATTER OR THING MATERIAL OR NOT MATERIAL IS FALSE SWEARING AND IS A MISDEMEANOR.

REMIT TO: STATEMENT OF ARRESTING OFFICER, PO Box 17050, Charleston, WV 25317